

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047943

DO NOT WRITE  
ON THIS STUB

AMENDED

Registered District No. 278 Primary Registration District No. 3554 Registrar's No. 162

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		c. CITY OR TOWN <b>Louisiana</b>	
Length of stay in 1b <b>1 1/2 Yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>119 Frankford Rd</b>	
3. NAME OF DECEASED (Type or print) First <b>Orrel</b> Middle <b>O</b> Last <b>Jackson</b>		4. DATE OF DEATH Month <b>December</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/25/1895</b>
9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cred it Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Utilities</b>	
11. BIRTHPLACE (City and state or country) <b>Wellesville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John William Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Foster</b>	
14. NAME OF HUSBAND OR WIFE <b>Myrtle Jackson</b>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs Myrtle Jackson, Louisiana, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Stroke</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Massive Hemorrhage</b> DUE TO (c) <b>Ruptured aneurysm abd aorta</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>24 hrs</b> <b>24 hrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Anterior Sclerotic disease General</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>08</b>	
20g. COUNTY <b>08</b>		20h. STATE <b>08</b>	
21. I attended the deceased from <b>Dec 14/62</b> to <b>Dec 15/62</b> and last saw him alive on <b>Dec 15/62</b> Death occurred at <b>10:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deputy or title) <b>David L. Bilgen</b>	
22b. ADDRESS <b>218 N 5th St Louisiana, Mo</b>		22c. DATE SIGNED <b>Dec 17/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/17/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RiverView Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Louisiana, Missouri</b>		23e. DATE REGD. BY LOCAL REG. <b>12-17-62</b>	
24. FUNERAL DIRECTOR <b>Sterne Funeral Home, Louisiana, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Collins</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. B. Sterne*

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.